

the promotion of public health interests, through procedures mutually acceptable.

Or, to put it otherwise, individual citizens primarily judge the medical profession by the kind of service and consideration they receive from individual physicians. However, the composite thinking and conclusions of the public at large, while based largely and mostly upon the above, are also dependent upon, and in no small measure, on how the constituted exponents of organized medicine conduct themselves in relation to public interests, in so far as the conservation of health and life are concerned.

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In Conclusion.—The thought may be suggested that governmental supervision or domination of medical practice will not work for the advancement of scientific medicine. Also, that scientific medicine in the existing world is greatly dependent for the protection of its interests and progress upon organized medicine.

The task, then, of organized medicine is to convince the public that the objectives of scientific and organized medicine, as they now exist—with evolutionary modifications from within, as may be needed from time to time—are designed to and do promote, better than through other suggested systems, the conservation of public and personal health.

Also, that in these endeavors, in order to safeguard the existing system of medical practice, every physician has a real place; his individual services becoming a part of the record of achievement that will make it possible for medical committees on public relations (good will) to properly function as promoters of scientific medicine and the conservation of the public health. Wherefore, again to emphasize the importance of the rôle of the individual physician in his relations to the public, these comments are submitted.

FALL AND WINTER POSTGRADUATE CONFERENCES IN CALIFORNIA

Value of Graduate and Clinical Conferences. Medical men and women are almost a unit in their approval of the value and desirability of graduate refresher courses, no matter by what name such courses may be designated (postgraduate or intermittent courses, clinical conferences, refresher meetings, or graduate assemblies). The unanimity of opinion concerning the commendable objectives is not supported, however, by equally unanimous effort in promoting the success of courses that are offered. Experience in many states and communities has demonstrated, and on many occasions, that in order to make a graduate or clinical conference measure up in proper results, the whole-hearted support of one or more committeemen is needed; not only in planning the course, but in constantly being on the job until the program is carried through to successful completion. A major problem, therefore, which state postgraduate committees are called upon to solve, is to find and secure the appointment of a local committee, whose members will complete, in efficient manner, program

arrangements that may have been made for their district.

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Postgraduate Committees: Careful Selection Necessary.—Officers of county medical societies bear a large share of the responsibility in this matter since it is they who usually appoint members of a postgraduate committee. If a local committee is not well selected, the following results may soon become evident: (1) money expended is wasted, at least in part; (2) guest speakers and demonstrations have been robbed of time that busy men can put to better advantage; and (3) physicians living in the community in which a conference is scheduled, and who disarrange their office hours to permit attendance, likewise are losers when a postgraduate or clinical conference has been poorly managed.

With this foreword on some of the difficulties met with in the promotion of graduate meetings, appeal may be made to the program committee of every component county unit of the California Medical Association to give serious thought to plans for a clinical or refresher course conference, to be held at some convenient time during the next several months.

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Factors to Be Considered.—State medical associations sponsoring postgraduate assemblies have been most successful when working along lines that are in harmony with local facilities and needs. The local committee must decide, therefore, what city or place of the district is the best center, in relation to geographical territory to be covered, and to transportation, institutional, and other conditions.

Next comes decision on the scientific topics that will probably have greatest value and appeal to the physicians expected to participate in the clinics. Connected therewith, naturally, is the problem of securing an adequate amount of clinical material.

Then it must be determined who shall be the guest speakers, and consideration must be given to their reputations, not only regarding their knowledge of subjects to be discussed, but also their ability to make such discussions both interesting and of the most practical value. The problems of furnishing transportation, with its attendant cost and the attendance time of such special speakers, and provision for other hospitality, must also not be forgotten.

Finally, the days and hours on which conference or sessions are to be held should be settled. Concerning these items, it should be stated that, by and large, more men may find it possible to attend on Saturday afternoons (say between 4 and 6 o'clock in the afternoon), with a follow-up or after-dinner meeting between 8 and 10. In a two-day conference, the Sunday morning meeting can be arranged to run from 9 o'clock until noon, leaving the afternoon free for fraternal or social programs. However, during the open seasons for hunting ducks and other game in California, other days may be preferred.

In the near future, postgraduate committees will receive further information from the Association Secretary, who also functions as the secretary of

the Committee on Postgraduate Activities. Component county societies that have not appointed postgraduate committees for the current year are now requested to do so.

ON VARIOUS TOPICS

Indictments Against Officers of the American Medical Association: Washington Trial Indefinitely Postponed.—At the time this is written, information has been received that the trial of the case of the *United States vs. American Medical Association*, recently reopened at the instance of the attorneys for the Federal Government, before one of the District of Columbia courts, has been indefinitely postponed.

This news is as gratifying to physicians as was regrettable the initial announcement of the action by the Government, through which officers of the American Medical Association, District of Columbia Medical Society, and members of county societies in other States were charged with a violation of the 1891 Sherman Antitrust Act.

Just when, if ever, the case now will be brought to trial is not known. The action of the Government in deciding not to proceed with the case at this time will assure greater success for the American Medical Association in its efforts to promote medical preparedness. Those plans can now be prosecuted with that vigor and success so much needed if the United States is to be adequately made ready in medical matters—in case certain emergencies arise.

It may not be amiss to reprint here for record, and for perusal by Association members who did not see the article in *The Journal of the American Medical Association* (for June 19), the opening editorial comment in that number where, under the caption "Important Announcement," the following statement appeared:

At this time *The Journal* is compelled to inform its readers that the work of the American Medical Association as a body, including its contribution in aid of the national defense, must suffer serious interference during the next two or three months. The Secretary and General Manager of the American Medical Association, the Editor of its publications, the Secretary of its Council on Medical Education and Hospitals, and the Director of its Bureau of Medical Economics must be absent from the headquarters office during those months, since they are required to attend, as defendants, their trial in the United States District Court for the District of Columbia on the indictment there returned against them and against the American Medical Association, the Medical Society of the District of Columbia, the Washington Academy of Surgery, the Harris County (Texas) Medical Society and fifteen prominent physicians in Washington, D. C. The indictment charges all defendants with having conspired to violate Section 3 of the Sherman Antitrust Act. The Association respectfully asks the indulgence of the medical profession and the public throughout the United States for any deficiencies which may result from this unavoidable and unfortunate condition.

When the American Medical Association was requested to assist in the national emergency now confronting this country, its House of Delegates voted unanimously and without dissent to give whole-hearted cooperation and support. The officers, the headquarters office, the Committee on Medical Preparedness, the state chairmen and numerous other physicians have been and are now engaged intensively in that service, and they expect to continue therein. In advising physicians and the public of this apparent discouragement in the essential work that it has undertaken

to perform, the Association desires to say that it will do its utmost to overcome all obstacles to medical preparedness. We assure the medical profession that it will never be said, either in criticism or in comment, that the Association failed its country in any hour of need, no matter what obstacle might arise to interfere with the otherwise expeditious and efficient service that this country deserves in this critical hour.

The Journal has indicated repeatedly the difficulties associated with medical mobilization and the nature of the work now being carried on to provide all the various arms of the government with physicians. Even though this work will be seriously hampered by absence from the headquarters office of some of the key men who have been charged with this duty, every possible method will be utilized to carry on the work as expeditiously as can be done. Plans are also being developed for the handling of correspondence, finance, personnel and all the other multitudinous affairs associated with the work of this great organization to the best extent of which the organization is capable, so that the medical world and the public may not suffer by this serious interference with the provision of medical service and the dissemination of knowledge of medical advancement.

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On Medical Preparedness.—In this issue of CALIFORNIA AND WESTERN MEDICINE considerable space is given to the subject of medical preparedness, the special attention of members of the California Medical Association being called to the following items:

1. *Importance of Returning Questionnaire Blanks to the American Medical Association Headquarters in Chicago.*—At the joint meeting of the national committee and state chairmen of the Committees on Medical Preparedness, held in Chicago on September 20, the California representatives (Dr. Charles A. Dukes of the national committee and Dr. Philip K. Gilman, chairman of the California committee) were informed that only 54 per cent of the licensed physicians of California had returned the questionnaires originally sent to them from Chicago.

Recently, lists of those physicians whose questionnaires were not on file in that city have been received at the central office of the California Medical Association. Questionnaire blanks will be forwarded from San Francisco to the physicians who did not reply to the first request, and it is to be hoped that the blanks will be filled in and promptly mailed to the headquarters of the American Medical Association, at 535 North Dearborn Street, Chicago. The lists reveal the fact that about 2,500 members of the California Medical Association failed to transmit the information requested. In addition, some 3,500 physicians who are not members of the State Medical Association, likewise failed to remail their blanks.

The American Medical Association has taken on this work as one of its contributions to national defense, the definite purpose being to make it possible for the medical corps of the United States Army and Navy, and of the Public Health Service to have available, on short notice, essential information concerning the training and qualifications of every physician who is now in practice in the United States.

Physicians who fail to send in their blanks may later find themselves the victims of embarrassing circumstances, should unwelcome assignments be received from Washington.